

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Kidney Care Council Political Action Committee

Full Name (Last, First, Middle Initial)

**A. NELSON FOR U S SENATE**

Mailing Address PO BOX 8666

City  
OMAHA

State  
NE

Zip Code  
68108

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 00

**Transaction ID: SB23.4287**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. PICKERING FOR CONGRESS**

Mailing Address P.O. Box 4297

City  
Brandon

State  
MS

Zip Code  
39047

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 03

**Transaction ID: SB23.4293**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. RELY ON YOUR BELIEFS FUND**

Mailing Address 209 Pennsylvania Avenue SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: SB23.4289**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....